

Under the Paperwork Reduction Act of 1995, no burdens are required to respond to a collection of information unless it contains a valid OMB control number

Effective on 12/08/2004

Fees pursuant to the Consolidated Appropriations Act, 2005 (M.R. 481B)

**FEET TRANSMITTAL  
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

395.00

**Complete if Known**

Application Number	10/716,369
Filing Date	November 18, 2003
First Named Inventor	LEE
Examiner Name	Margaret G. Moore
Art Unit	1712
Attorney Docket No.	5853-464

RECEIVED  
CENTRAL FAX CENTER

JAN 05 2006

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 50-0951 Deposit Account Name: AKERMAN SENTERFITT

For the above-named deposit account, the Director is hereby authorized to (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

**FEES CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

Multiple dependent claims

Total Claims Extra Claims Fee (\$)

Fee Paid (\$)

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$)

Fee Paid (\$)

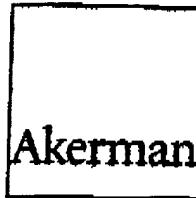
- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

RECEIVED  
CENTRAL FAX CENTER

JAN 05 2006

Fort Lauderdale  
Jacksonville  
Miami  
New York  
Orlando  
Tallahassee  
Tampa  
Washington, DC  
West Palm Beach

Akerman Senterfitt

ATTORNEYS AT LAW

Esperante Building  
222 Lakeview Avenue, Suite 400  
West Palm Beach, Florida 33401-6183  
Post Office Box 3188 mail  
West Palm Beach, Florida 33402-3188  
[www.akerman.com](http://www.akerman.com)  
561 653 5000 tel 561 659 6313 fax

## FAX COVER SHEET

From: Neil R. Jetter

Date: January 5, 2006PLEASE DELIVER 35 PAGE(S) (including cover sheet) TO:

Name: U.S. Patent and Trademark Office  
Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Fax Number: (571) 273-8300

Examiner: Margaret G. Moore

Serial No.: 10/716,369

Inventors: LEE et al.

Docket No.: 5853-464

Please call (561) 653-5000, Ext. 30005 if you do not receive all the pages.

## Comments/Special Instructions

Enclosures:

Transmittal Form (1 page)  
Fee Transmittal Form (1 page)  
Request for Continued Examination Form (1 page)  
Reply to Final Office Action (13 pages)  
Drawing Replacement Sheets, Figs. 1(a) and 1(b) (2 pages)  
Appendix A (4 pages)  
CV (12 pages)  
This Fax Cover Sheet (1 page)

The information contained in this transmission may be a confidential attorney-client communication or may otherwise be privileged and confidential, intended only for the use of the individual or entity named above. If the reader of this transmittal is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original transmittal to us by mail. Thank you.

Client/Matter No: 24833/141019Equitrac ID: 8543/NRJ

{WP226374;1}

PTO/SB/21 (09-04)  
Approved for use through 07/31/2006 OMB 0651-0037U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.TRANSMITTAL  
FORM

(To be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/716,369
Filing Date	November 18, 2003
First Named Inventor	LEE
Art Unit	1712
Examiner Name	Margaret G. Moore

RECEIVED  
CENTRAL FAX CENTER

JAN 05 2006

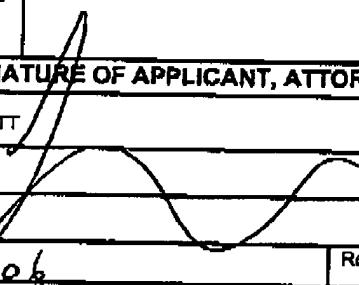
Attorney Docket Number

5853-454

## ENCLOSURES (Check all that apply)

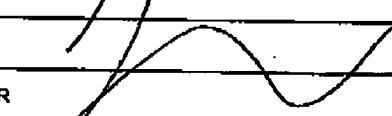
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Drawing Replacement Sheets, Figs. 1(a) and 1(b), RCE Transmittal Appendix A, Copy of CV, and Fax Cover Sheet
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD, Number of CD(s)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Remarks
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		Authorized to charge \$395.00 (RCE filing fee) and any fee deficiencies to Deposit Account No. 50-0951
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	AKERMAN SENTERFITT		
Signature			
Printed name	NEIL R. JETTER		
Date	11/05/06	Reg. No.	46,803

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	NEIL R. JETTER	Date	11/05/06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 and select option 2